

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	N.A		08/14/01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW		535	08-27-01
RESPONSE FORMALITY REVIEW	M.D.	65	03-13-02

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 + Restricted O Objected

Claim	Date
Final Original	
1	02/06/01
2	02/06/01
3	02/06/01
4	02/06/01
5	02/06/01
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49	02/06/01
50	02/06/01

Claim	Date
Final Original	
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
 staple additional sheet here

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373 551 Division